

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. 9/486971
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1		51						
2		1		1		1	52						
3							53						
4		1		1		2	54						
5		1		1		2	55						
6		1		1		2	56						
7							57						
8							58						
9							59						
10	1		1				60						
11					1		61						
12							62						
13							63						
14						1	64						
15						1	65						
16						1	66						
17						2	67						
18						1	68						
19						1	69						
20							70						
21							71						
22							72						
23							73						
24							74						
25							75						
26							76						
27							77						
28							78						
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35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			2		2		TOTAL IND.						
TOTAL DEP.				8		10	TOTAL DEP.						
TOTAL CLAIMS				10		14	TOTAL CLAIMS						